



REVISED

PART I – REQUEST FOR PROPOSAL (RFP) SUMMARY

RFP No. NSD16-001

Issued: March 21, 2016

Proposal Submission Deadline

Friday, April 22, 2016 by 12:00PM Local Time

NO LATE PROPOSALS WILL BE ACCEPTED

Consolidated Action Plan Year 2016-2017

Community Development Block Grant (CDBG)

Emergency Solutions Grant (ESG)

Housing Opportunities for Persons with AIDS (HOPWA)

Contact:

City of Fort Worth

Neighborhood Services Department

Attn: Leticia Rodriguez,

Neighborhood Development Coordinator

Leticia.Rodriguez@fortworthtexas.gov

Fax: 817-392-8903

Physical Address:

908 Monroe Street, 3rd Floor

Fort Worth, Texas 76102

Request for Proposals

The City of Fort Worth, Neighborhood Services Department is inviting non-profit and social service entities to respond to this Request for Proposals (RFP) for public service and architectural barrier removal programs providing benefits to eligible households and neighborhoods.

Eligible Activities under this RFP:

- CDBG-Public Services, including but not limited to job training and employment services, child care services, youth service, health service, substance abuse service, and housing counseling services, etc.
- ESG- Services for the homeless or at-risk of homelessness, including Street Outreach, Shelter Operations, Homeless Prevention, Rapid Re-Housing and Administration.
- HOPWA-Services for persons with HIV/AIDS, including Supportive Services, Short-Term Rent, Mortgage and Utility (STRMU), Tenant-Based Rental Assistance (TBRA), Facility Based Operations and Administration.

This RFP is for public services and architectural barrier removal programs only. The following projects/costs are **not eligible** under this RFP:

- Construction projects such as public facilities.
- Construction or rehabilitation of buildings for the general conduct of government.
- Purchase of equipment, furniture, and fixtures, and operational or maintenance expenses of facilities.
- Anything that is listed as ineligible or unallowable in the regulations.

Funding awards made from this RFP will result in an annual contract beginning October 1, 2016 through September 30, 2017. Funding commitments and the execution of contracts are subject to City of Fort Worth's receipt of the U.S. Department of Housing and Urban Development (HUD) grant agreements.

Proposers must request a minimum of \$75,000 to be considered for funding. Proposals requesting less than \$75,000 will be disqualified.

1.0 **SUBMISSION OF PROPOSALS**

1.1 PART I – REQUEST FOR PROPOSAL (RFP) SUMMARY – This section provides background information and details the requirements for proposers.

1.2 PART II – REQUEST FOR PROPOSAL (RFP) FORMS – This section contains forms that must be submitted for this RFP. Two (2) originals and two (2) flash drives of the proposal shall be submitted in a sealed package. The proposer's name and address should be marked on the outside of the envelope. **Facsimile transmittals will not be accepted or considered. Proposal information that is not submitted in sealed packages will not be considered.**

1.2.1 Flash drives must contain the following:

1.2.1.1 A complete version of the narrative responses to PART II in a Microsoft Office Word file. Each narrative must be identified by the section, question and reference number.

1.2.1.2 A complete version of the fillable sections in PART II.

1.2.1.3 A PDF scan of the entire proposal. Make sure to include the narratives from PART II, the fillable documents in PART II, attachments in PART III, and all of the required supporting documents.

- 1.2.2 If a proposer does not have Microsoft Office, the City of Fort Worth Library has available computers.
- 1.3 PART III – REQUEST FOR PROPOSAL (RFP) REQUIRED ATTACHMENTS – This section contains forms and guidance for supporting documents to be submitted with the proposal.
- 1.4 **Hand Deliver Responses to the Following Address:**
Delivery:
City of Fort Worth
Neighborhood Services Department
Attn: Leticia Rodriguez
908 Monroe Street, 3rd Floor
Fort Worth, Texas 76102

2.0 DELIVERY OF PROPOSALS

Proposals must be hand delivered to the City of Fort Worth's Neighborhood Services Department no later than Friday, April 22, 2016 at 12:00 noon. The submitting Proposer is responsible for delivering the proposals to the location listed above on time. Proposals must be completed and hand delivered in sufficient time to avoid disqualification. The time and date stamp clock in City of Fort Worth (City) Neighborhood Services Department is the official clock for determining whether proposals are submitted timely. **Late proposals will not be accepted or considered under any circumstances.**

3.0 PROPRIETARY INFORMATION

- 3.1 If a Proposer does not desire proprietary information in the Proposal to be disclosed, it is required to identify all proprietary information in the Proposal. This identification will be done by individually marking each page with the words "Proprietary Information" on which such proprietary information is found. If the Proposer fails to identify proprietary information, it agrees that by submission of its Proposal that those sections shall be deemed non-proprietary and made available upon public request.
- 3.2 Proposer's are advised that the City, to the extent permitted by law, will protect the confidentiality of their Proposals. Proposer shall consider the implications of the Texas Public Information Act, particularly after the RFP process has ceased and the Contract has been awarded. While there are provisions in the Texas Public Information Act to protect proprietary information, where the Proposer can meet certain evidentiary standards, please be advised that a determination on whether those standards have been met will not be decided by the City of Fort Worth, but by the Office of the Attorney General of the State of Texas. In the event a request for public information is made, the City will notify the Proposer, who may then request an opinion from the Attorney General pursuant to 552.305, Texas Government Code. The City will not make a request of the Attorney General.

4.0 FORMS TO BE SUBMITTED PRIOR TO PROPOSAL DUE DATE

- 4.1 The Statement of Intent /Statement of Receipt form must be submitted no later than Thursday, March 31, 2016 at 4:00 pm to Leticia Rodriguez via email at Leticia.Rodriguez@fortworthtexas.gov or hand-delivery at 908 Monroe, 3rd floor. A

separate Statement of Intent form must be submitted for each proposal, if multiple programs are proposed for funding. **Failure to submit the Statement of Intent/Statement of Receipt will result in disqualification.**

- 4.2 The Section 504 Self-Evaluation/Questionnaire form must be submitted no later than Thursday, March 31, 2016 at 4:00 pm to Diana Carranza, Section 504 Coordinator, via email at Diana.Carranza@fortworthtexas.gov or hand-delivery at 908 Monroe, 3rd floor. A separate Section 504 Self-Evaluation/Questionnaire form must be submitted for each proposal, if multiple programs are proposed for funding. **Failure to submit the Section 504 Self-Evaluation/Questionnaire will result in disqualification.**

5.0 COMPLETION OF RESPONSES

- 5.1 Information presented in the Proposals will be used to evaluate the qualifications of the Proposer(s) and to determine the Proposer(s) which will be selected to provide professional services to the City.
- 5.2 Responses shall be completed in accordance with the requirements of this RFP. Statements made by a Proposer shall be without ambiguity, and with adequate elaboration, where necessary, for clear understanding.

6.0 CLARIFICATIONS AND ISSUANCE OF ADDENDA

- 6.1 Any explanation, clarification, or interpretation desired by a Proposer regarding any part of this RFP must be requested from Leticia Rodriguez, Neighborhood Development Coordinator, no later than Thursday, April 7, 2016 at 12:00 noon. Responses will be published by the close of business on Thursday, April 14, 2016 on the City's Neighborhood Services Department webpage at <http://fortworthtexas.gov/neighborhoods/>.
- 6.2 If the City, in its sole discretion, determines that a clarification is required, such clarification shall be issued in writing. Interpretations, corrections or changes to the RFP made in any other manner other than writing are not binding upon the City, and Proposers shall not rely upon such interpretations, corrections or changes. Oral explanations or instructions given before the award of the Contract are not binding.
- 6.3 Any interpretations, corrections or changes to this RFP will be made by addendum. Sole issuing authority of addenda shall be vested in the City of Fort Worth Neighborhood Services Department. Proposers shall acknowledge receipt of all addenda within the responses.

7.0 WITHDRAWAL OF PROPOSALS

A representative of the proposer may withdraw a Proposal at any time **prior to** the RFP submission deadline by providing a written statement to Leticia Rodriguez via email at Leticia.Rodriguez@fortworthtexas.gov or hand-delivered at 908 Monroe, 3rd floor.

8.0 SCHEDULE FOR CONSIDERATION AND AWARD OF FUNDS

- 8.1 The following schedule may be subject to revision based on unforeseeable events, cancellation of City Council meetings, or absence of a Community Development Council (CDC) quorum, in order to meet HUD statutory and regulatory requirements.

SCHEDULE OF EVENTS	DATE
RFP Release Date	March 21, 2016
Pre-Proposal Conference	March 23, 2016, 6:00 pm
Pre-Proposal Conference	March 25, 2016, 11:00 am
Pre-Proposal Conference	March 25, 2016, 2:00 pm
Pre-Proposal Conference	March 28, 2016, 6:00 pm
Statement of Intent Due	March 31, 2016, 4:00 pm
Section 504 Certification Due	March 31, 2016, 4:00 pm
Deadline for Questions	April 7, 2016, 12:00 pm
Proposals Due Date	April 22, 2016, by 12:00 pm
Community Development Council (CDC) (ESG & HOPWA proposer presentations)	April 27, 2016, 6:15 pm
Community Development Council (CDC) (CDBG proposer presentations)	May 4, 2016, 6:15 pm
Community Development Council (CDC) (Funding Recommendations)	May 11, 2016, 6:15pm
Community Development Council (CDC)	May 18, 2016 (if needed)
Full Action Plan Recommendations to City Council Housing & Neighborhood Services Committee	June 7, 2016
Action Plan Presentation – Pre-Council	June 28, 2016
Action Plan First Public Hearing – CDC	July 13, 20, or 27, 2016 (TBD)
Action Plan Approval & Second Public Hearing – City Council	August 2, 2016
Action Plan Approval – City Council	August 9, 2016 (if necessary)
Action Plan Due to HUD	August 15, 2016
Contract Execution Deadline	September 30, 2016
Proof of Insurance Due	September 30, 2016
Mandatory Technical Assistance Workshop	TBD
Contract Year Begins	October 1, 2016

- 8.2 Attendance at one of the listed Pre-Proposal Conference listed above is **mandatory** to be considered for funding. **Failure to attend will result in disqualification.** The location of the Pre-Proposal Conferences will be held at the Hazel Harvey Peace Center for Neighborhoods, 818 Missouri Ave., 2nd Floor Conference Room, Fort Worth, TX 76104. Additional Pre-Proposals Conferences will not be held under any circumstances.
- 8.3 Proposers will be notified of a specific date and time to present their proposal at one of the Community Development Council (CDC) meetings. The presentation will be scheduled on one of the CDC dates as listed above and will be provided by staff to the main contact person listed in this RFP. **Absence from the CDC meeting will result in disqualification.**

9.0 TAX EXEMPTION

The City of Fort Worth is exempt from Federal Excise and State Sale Tax; therefore, cost of taxes must not be included in any budget proposed under this RFP.

10.0 COST INCURRED IN RESPONDING

All costs directly or indirectly related to preparation of a response to the RFP or any oral presentation required to supplement and/or clarify a Proposal which may be required by the City shall be the sole responsibility of and borne by the participating Proposers.

11.0 NEGOTIATIONS

The City reserves the right to negotiate eligible costs and activities to ensure that the program is in compliance with U.S. Department of Housing and Urban Development (HUD) regulations.

12.0 CONTRACT INCORPORATION

The contract documents may incorporate sections of this RFP, the Response to the RFP and other terms and conditions as the parties may agree. The contract or any related documents shall supersede the RFP.

13.0 NON-ENDORSEMENT

If a Proposal is accepted, the successful Proposer, hereinafter "Agency," shall not issue any news releases or other statements pertaining to the award or servicing of the agreement that state or imply the City of Fort Worth's endorsement of the successful Proposer's services.

14.0 UNAUTHORIZED COMMUNICATIONS

After release of this RFP, Proposers' contact regarding this RFP with members of the RFP evaluation, interview or selection panels, employees of the City or officials of the City other than the Neighborhood Development Coordinator, the Minority and Women Business Enterprise (M/WBE) Office is discouraged and may result in disqualification from this funding award process.

15.0 PROPOSAL EVALUATION PROCESS

15.1 The City's evaluation panel will review all responsive proposals and rank them based on the criteria outlined in this RFP. Based on those rankings, staff will make funding recommendations to the Community Development Council (CDC). The CDC will make final funding recommendations to the Fort Worth City Council. The final CDC recommendations will be presented to the Fort Worth City Council for approval.

15.2 The City anticipates selecting Proposer(s) that will be recommended to the City Council for award of a contract to provide the requested services for the City of Fort Worth.

15.3 The City reserves the right to reject any or all proposals.

16.0 GENERAL PROVISIONS

16.1 The proposers selected for funding may not assign rights or duties under an award without the prior written consent of the City of Fort Worth. Such consent shall not relieve the assignor of liability in the event of default by its assignee.

16.2 It is understood that the City reserves the right to accept or reject any and all Proposals and to re-solicit for Proposals, as it shall deem to be in the best interests of the City of Fort Worth. Receipt and consideration of any Proposals shall under no circumstances obligate the City of Fort Worth to accept any Proposals. If an award of contract is made,

it shall be made to the responsible Proposers whose Proposals are determined to best meet the evaluation factors set forth in the RFP.

17.0 ERRORS OR OMISSIONS

Proposers will not be allowed to take advantage of any errors or omissions in this RFP. Where errors or omissions appear in this RFP, proposers shall promptly notify the City of Fort Worth Neighborhood Services Department in writing of such error or omission it discovers. Any significant errors, omissions or inconsistencies in this RFP are to be reported no later than Thursday, April 7, 2016 before close of business to Leticia Rodriguez via email at Leticia.Rodriguez@fortworthtexas.gov or hand-delivered at 908 Monroe, 3rd floor.

18.0 CONTRACT AND BUDGET AMENDMENTS

No oral statement of any person shall modify or otherwise change or affect the terms, conditions or specifications stated in any contract resulting from this RFP. Any changes to the contract will be coordinated through the City of Fort Worth's Neighborhood Services Department, and as required by City policy or HUD regulation such amendments may require approval by City Council.

19.0 VENUE

Any contract for award of funds under this RFP will be governed and construed according to the laws of the State of Texas. The contract(s) is (are) performable in Tarrant County, Texas. Venue shall lie exclusively in Tarrant County, Texas.

20.0 CONFLICT OF INTEREST

- 20.1 No public official shall have interest in this contract, in accordance with Vernon's Texas Codes Annotated, Local Government Code Title 5, Subtitled C, Chapter 171.
- 20.2 In accordance with 2 CFR Part 200, potential beneficiaries of direct financial assistance provided by the federally funded programs to be awarded under this RFP must be asked if they are employed by the City of Fort Worth and asked if the potential beneficiary's spouse, father, mother, son, daughter, mother-in-law, or father-in-law is employed by the City or if any of those family members has been employed by the City in the past year. For this purpose, "direct financial assistance" is defined as a financial interest or benefit received by the beneficiary/client, and may include but is not limited to childcare subsidies and rent/mortgage/utility assistance.
- 20.3 Selected proposers shall establish conflict of interest policies for federal awards consistent with the above and shall disclose in writing potential conflicts of interest to City as authorized by 2 CFR Part 200.112. The conflict of interest policy shall include a process for requesting waivers of applicable HUD requirements on behalf of clients through the City of Fort Worth.

21.0 INSURANCE

The Agency shall carry insurance in the types and amounts for the duration of this agreement as listed below, and furnish certificates of insurance along with copies of policy declaration pages and policy endorsements as evidence thereof.

- 21.1 Proposer shall provide the City with certificate(s) of insurance documenting policies of the following minimum coverage limits that are to be in effect prior to commencement of any work pursuant to this Agreement:

Coverage and Limits

- (a) Commercial General Liability (CGL) Insurance
\$1,000,000 Each Occurrence
\$2,000,000 Aggregate Limit
- (b) Non-Profit Organization Liability or Directors & Officers Liability
\$1,000,000 Each Occurrence
\$1,000,000 Annual Aggregate Limit

Directors and Officers Liability coverage shall be in force and may be provided on a claim-made basis. This coverage may also be referred to as Management Liability, and shall protect the insured against claims arising out of alleged errors in judgment, breaches of duty and wrongful acts arising out of their organizational duties. Coverage shall protect not only the entity, but all past, present and future directors, officers, trustees, employees, volunteers and committee members.

- (c) Business Automobile Liability Insurance
\$1,000,000 Each accident on a combined single limit basis or
\$250,000 Bodily injury per person
\$500,000 Bodily injury per person per occurrence
\$2,000,000 Aggregate

Insurance policy shall be endorsed to cover "Any Auto", defined as autos owned, hired, and non-owned. **Pending availability of the above coverage and at the discretion of City, the policy shall be the primary responding insurance policy versus a personal auto insurance policy if or when in the course of Agency's business as contracted herein.**

- (d) Worker's Compensation Insurance

PART A: Statutory limits

PART B: Employer's liability

- \$100,000 Each accident/occurrence
- \$100,000 Disease - per each employee
- \$500,000 Disease - policy limit

The Workers' Compensation Insurance policy shall be endorsed to include a waiver of subrogation, also referred to as a waiver of rights of recovery, in favor of City.

21.2 Additional Requirements:

- (a) Where applicable, insurance policies required herein shall be endorsed to include City as an additional insured as its interest may appear. Additional insured parties shall include employees, officers, agents, and volunteers of City.
- (b) Agency shall require its contractors to maintain applicable insurance coverage's, limits, and other requirements as those specified herein; and, Contractor shall require its contractors to provide Agency with certificate(s) of insurance documenting such coverage. Also, Agency shall require its contractors to have City and Contractor endorsed as additional insured's (as their interest may appear) on their respective insurance policies.

22.0 CONTRACT CONSTRAINTS AND CONDITIONS

All services shall be provided in accordance with applicable requirements and ordinances of the City of Fort Worth, laws of the State of Texas, and applicable federal laws.

23.0 SCOPE OF SERVICES

The City of Fort Worth is making funds available for public service and architectural barrier removal programs providing benefit to eligible households and neighborhoods.

This RFP is to award Community Development Block Grant (CDBG) funds, Emergency Solutions Grant (ESG) funds, and Housing Opportunities for Persons with AIDS (HOPWA) funds for 2016-2017. CDBG Proposals must be for programs that provide services to low- and moderate-income households. ESG Proposals must address the needs of homeless individuals and families in the City of Fort Worth. HOPWA Proposals must address the needs of person with HIV/AIDS living in Tarrant, Johnson, Parker, Wise, Hood and Somervell counties. The estimated funding amounts are:

- CDBG: \$962,101
- ESG: \$527,279
- HOPWA: \$1,001,553

Consolidated Plan priority status will be reviewed to determine how performance goals are being met on an annual basis. The eligible activities under the Consolidated Plan are as follows:

HIGH PRIORITIES	LOW PRIORITIES
Public Services: Child Care & Elderly	Public Services: Youth Programs
Homeless Services: Homeless Prevention & Homeless Rapid Re-Housing	Public Services: General/Disabled Populations/ Substance Abuse
Homeless Services: Emergency Shelter & Rapid Re-Housing	Job Training & Education to promote Self-Sufficiency
HIV/AIDS Services: Supportive Services Only	Homeless: Street Outreach
HIV/AIDS: Facility Operations	Housing: Architectural Barrier Removal
HIV/AIDS Services: Tenant-Based Rental Assistance w/Support Services	HIV/AIDS Services: Short Term Rental, Mortgage, Utility Assistance (STRMU)
Homebuyer Assistance/ Counseling/ Education	

The actual amount of funds awarded may vary at the City's discretion. Funds are paid to the agency on a reimbursement basis upon submittal of satisfactory documentation of expense eligibility.

In addition to meeting a Consolidated Plan goal, the City is seeking to align its HUD funded public service programs to ensure that services for low- to moderate income residents are available in their neighborhoods. The City proposes to accomplish this by encouraging its subrecipients to partner with neighborhood community centers by providing all or a portion of their program services within a City of Fort Worth Neighborhood Centers. The City is not requiring or expecting any agency to move its entire program into a Neighborhood center, but rather is seeking agencies willing to provide pilot programs at these locations in order to expand their customer base and improve outreach and service levels to communities surrounding these centers. The goal of this effort is to break down any barriers to access that families may have, and to expose residents to programs they may not presently be aware of.

Some sample programs could include:

- A pilot 3-month after-school program that mentors or tutors children or youth on math or science one day a week.
- A weekly resume-writing or typing skills class that uses the Neighborhood Centers' Computer Labs, to improve clients' work-readiness and employability.
- A series of seminars or outreach events on financial literacy, homeownership, home repair and maintenance, etc.
- Regular participation in special events at the centers such as National Night Out, job fairs, summer day camp, health fairs, etc.

The City is seeking programs that complement existing programing at the following neighborhood centers:

Neighborhood Centers	Center Location
Andrew Doc Session Neighborhood Center	201 S. Sylvania Avenue Fort Worth, Texas 76111
Como Neighborhood Center	4900 Horne Street Fort Worth, Texas 76107
Martin Luther King Neighborhood Center	5565 Truman Drive Fort Worth, Texas 76112
North-Tri Ethnic Neighborhood Center	2950 Roosevelt Avenue Fort Worth, Texas 76106
Northside Neighborhood Center	1801 NW 18th Street Fort Worth, Texas 76106
Southside Neighborhood Center	959 E Rosedale Street Fort Worth, Texas 76104
Worth Heights Neighborhood Center	3551 New York Avenue Fort Worth, Texas 76110

Following is a list of the types of programs currently provided at many of these neighborhood centers:

- Afterschool Programs and School Break Camps;
- Summer Day Camp;
- Monthly Special Events;
- Recreation and year round Youth Sports;

- Social Services and Information through Community Action Partners;
- Programs that focus on decreasing youth involvement in crime and gangs through enrichment and recreational activities such as personal development, life skills, employment readiness, and community responsibility; and,
- Daily, weekly, and monthly activities for older adults;

To enhance the above existing programming offered at the neighborhood centers, the City is seeking additional services of the types listed below. The rating of proposals submitted in response to this RFP will place a preference on agencies that provide any of the following services at one of the neighborhood centers:

- Youth Services: Tutoring/Homework Assistance, Drug Education/Prevention, Positive Self Image, Anti-Bullying, Reading/Literacy, Civic Service/Leadership, STEM (Science, Technology, Engineering and Mathematics), Health & Hygiene
- Teen Services & Young Adult Services: Life Skills, Financial/Economic Literacy, Community Responsibility, College Readiness/Preparation, Healthy Relationships/Dating, Drug Education/Prevention, Employment Readiness, Education Development, Personal Development, STEM (Science, Technology, Engineering and Mathematics), Health & Hygiene
- Family Centered Services: Basic Computer Skills, Financial/Economic Literacy, Parenting Skills
- Senior Citizens & Active Aging Adults Services: Senior Computer Basics, Acquiring new skills for the active adult, Introduction to Social Media, Senior Fitness
- Health & Nutrition Services
- Physical Fitness Services

Programming schedules and frequency can be negotiated depending on the nature of the program and facility space availability. Interested proposers may schedule an onsite visit at the Neighborhood Center of their choice by contacting Monique Hill, District Superintendent for Community Action Partners Neighborhood Centers, at 817-392-5775 or via email at Monique.Hill@fortworthtexas.gov. Proposers interested in providing services at a Neighborhood Center must attend at least one of the Neighborhood Center open-house meetings listed below:

Center Location	RSVP Deadline	Open-House Date
201 S. Sylvania Avenue Fort Worth, Texas 76111	March 30, 2016	April 4, 2016 @ 10 am
4900 Horne Street Fort Worth, Texas 76107	April 6, 2016	April 11, 2016 @ 10 am
5565 Truman Drive Fort Worth, Texas 76112	March 30, 2016	April 11, 2016 @ 10 am
2950 Roosevelt Avenue Fort Worth, Texas 76106	March 30, 2016	April 4, 2016 @ 2 pm
1801 NW 18th Street Fort Worth, Texas 76106	April 6, 2016	April 13, 2016 @ 2 pm
959 E Rosedale Street Fort Worth, Texas 76104	March 30, 2016	April 6, 2016 @ 10 am
3551 New York Avenue Fort Worth, Texas 76110	April 6, 2016	April 13, 2016 @ 2 pm

27.0 EVALUATION FACTORS

Proposals will be rated and may be awarded up to **45 points** based on the five criteria described below. Responses that are incomplete or that propose ineligible activities will be rejected. Proposers will provide narratives that will fully respond to questions related to the following evaluative factors.

27.1 Program Description, Agency Experience, & Board Diversity – Up to 10pts.

Proposals will be rated on a combination of the following factors:

- Length of time the agency has provided services to low- and moderate – income clients in Fort Worth;
- Qualifications of the agency, including certifications, awards, licenses, etc.;
- Quality and effectiveness of services provided;
- Quality and clarity of the program description and its fit to the needs of the targeted population and service area, including specific details of services provided to clients;
- Proposed number of clients to be served;
- Experience managing federal and other grants;
- Clarify agencies methods of tracking and reporting on clients;
- Board Diversity and/or documented efforts to increase the diversity of agency board members; and
- Responsiveness to community and customer needs.

27.2 Consolidated Plan & Community Need – Up to 15pts.

Proposals will be rated based on a combination of the following factors:

- Contribution to attainment of City of Fort Worth's Consolidated Plan numeric goal for a particular category/service type. (Senior Citizen Services, , Child Care Services, Substance Abuse Services, Youth Services, Employment/Job Training Services, Housing Counseling Services, General Public Service Activities such as Services for the Disabled, Health Services, Removal of Architectural Barriers Services, Homeless/Homeless Prevention Services, and Services to HIV/AIDS Person). If proposal does not address a priority in the Consolidated Plan, the proposal will not qualify for funding under this RFP.
- Description of neighborhood service area;
- Number and description of potential clients for the service type in the broader community and on waiting lists, (for example, number of children in poverty who may need daycare, number of elderly/disabled persons needing in-home meals, number of low- income families in need of homebuyer education, number of children in need of tutoring, etc.)

27.3 Financial Capacity & Financial Leveraging – Up to 5pts.

Proposals will be rated on a combination of the following factors:

- Financial Capacity ratio based on the agency's annual average beginning monthly fund balance and the average monthly operating expense. The annual average will be based on the agency's monthly account balance from 1/1/15 to 12/31/15.
- Financial Leveraging ratio based on the ratio of City funds to non-City funds making up the total program budget.
- Extent of program's dependency on City funds.
- Cost per unit of service/client relative to the same or similar service provided by like agencies.

27.4 Compliance/Internal Audit Issues – Up to 10pts.

Proposals will be rated on a combination of the following factors:

- History of City's Compliance monitoring over past three grant periods;
- History of City's Internal Audit reviews over past three grant periods;
- History of compliance or audit findings/ concerns from any other source;
- Compliance with federal, state, and local laws and ordinances (for example, SAM violations, any overdue taxes, or outstanding liens or judgements, etc.).

27.5 **Use of Neighborhood Centers – Up to 5pts.**

The rating of proposals submitted in response to this RFP will place a preference on proposers that choose to provide proposed program services at one of the City of Fort Worth's Neighborhood Centers. City staff will evaluate proposals based on the following criteria:

- Type(s) of service to be delivered at the Neighborhood Centers;
- Frequency/Availability: Programs must have a minimum of 45 minute sessions, must be offered a minimum of 1 time a month, and clearly describe when a program(s) will be available, i.e. during FWISD School year, during school breaks, Summer only, weekends, evenings, etc.;
- Staff experience;
- Programs dealing with youth/students must have a minimum ratio of 1:15 and each employee must have a criminal background check;
- Supplies/Curriculum to be provided to each participant of the proposed program: City will review and approve all curriculum/handouts prior to distribution. Agencies are responsible for the disbursement of supplies/curriculum.

28.0 SUBMISSION REQUIREMENTS

28.1 **Responses not meeting the requirements of this RFP, or which are ambiguous or incomplete, will be rejected.**

28.2 Proposals shall be limited to this form plus any requested attachments. **Any information attached but not requested will not be considered.**

28.3 Any alteration or modification of the RFP form will result in disqualification from consideration for funding.

29.0 OTHER REQUIREMENTS

29.1 Title VI of Civil Rights Act of 1964 (42 USC 2000d *et seq.*)

29.2 Title VIII of Civil Rights Act of 1968 (42 USC 3601 *et seq.*)

29.3 Executive Orders 11063 and 11246, as amended by Executive Orders 11375 and 12086 and as supplemented by 41 CFR Part 60.

29.4 The Age Discrimination in Employment Act of 1967 (29 USC *et seq.*).

29.5 The Age Discrimination Act of 1975 (42 USC 6101 *et seq.*).

29.6 Section 504 of the Rehabilitation Act of 1973 (29 USC 794 *et seq.*) and 24 CFR Part 8. Prohibits recipients of Federal funds from excluding any qualified persons from participating or receiving benefit from, any federally funded program or activity based solely on his or her disability. In an effort to strengthen compliance with this part, the City of Fort Worth will be holding a Section 504 Technical Assistance Workshop once funds have been awarded. The City will also require all Agencies that are awarded funds through this RFP process to complete and submit a self-evaluation form to ensure compliance with

this part. Subsequently the City may conduct random monitoring to ensure compliance with this part.

- 29.7 National Environmental Policy Act of 1969, as amended, 42 USC 4321 *et seq.* (“NEPA”) and the related authorities listed 24 CFR Part 58.
- 29.8 The Clean Air Act, as amended, (42 USC 7401 *et seq.*), the Clean Water Act of 1977, as amended (33 USC 1251 *et seq.*) and the related EPA regulations at 40 CFR Part 15, as amended from time to time, and Executive Order 11738. In no event shall any amount of the assistance provided under this Contract be utilized with respect to a facility that has given rise to a conviction under the Clean Air Act or the Clean Water Act.
- 29.9 Immigration Reform and Control Act of 1986 (8 USC 1101 *et seq.*) specifically including the provisions requiring employer verifications of legal status of its employees.
- 29.10 The Americans with Disabilities Act of 1990, as amended, (42 USC 12101 *et seq.*), the Architectural Barriers Act of 1968, as amended, (42 USC 4151 *et seq.*), and the Uniform Federal Accessibility Standards, 24 CFR Part 40, Appendix A.
- 29.11 Drug Free Workplace Act of 1988 (41 USC 701 *et seq.*) and 24 CFR part 23, Subpart F.
- 29.12 Davis-Bacon and related Acts. The Wage and Hour Division of the U.S. Department of Labor determines prevailing wage rates to be paid on federally funded or assisted construction projects may apply.
- 29.13 Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as Amended may apply.
- 29.14 Regulations at 24 CFR Part 87 related to lobbying, including the requirement that certifications and disclosures be obtained from all covered persons.
- 29.15 Executive Order 12549 and 24 CFR Part 5.105 (c) pertaining to restrictions on participation by ineligible, debarred or suspended persons or entities.
- 29.16 Regulations at 24 CFR Part 882.708 (c) pertaining to site and neighborhood standards for new construction projects.
- 29.17 Regulations at 24 CFR Part 570 pertaining to Community Development Block Grants, as applicable.
- 29.18 Office and Management Budget (OMB) “Super Circular,” new requirements located at 2 CFR part 200, Regulations at 24 CFR Part 574 and Statute at 42 USC Chapter 131 pertaining to Housing Opportunities for Persons with AIDS, as applicable.
- 29.19 Regulations at 24 CFR Part 576 and Statute at 42 USC 11302 pertaining to Emergency Solutions Grant, as applicable. 29.21 Regulations at 24 CFR Part 5, regarding Income Eligibility, as applicable.
- 29.20 Regulations at 24 CFR Part 5, regarding Income Eligibility, as applicable.
- 29.21 Federal Funding Accountability and Transparency Act of 2006 (“FFATA”) (Pub.L. 109-282, as amended by Section 6205(a) of Pub.L. 110-252 and Section 3 of Pub.L. 113-101)
- 29.22 Federal Whistleblower Regulations, as contained in 10 U.S.C. 2409, 41 U.S.C. 4712, 10 U.S.C. 2324, 41 U.S.C. 4304 and 41 U.S.C. 4310.

***** END PART I *****



REVISED

PART II – REQUEST FOR PROPOSALS (RFP) APPLICATION
for
PUBLIC SERVICE AGENCIES:
Community Development Block Grant (CDBG)
Emergency Solutions Grant (ESG)
Housing Opportunities for Persons with AIDS (HOPWA)

RFP No.: NSD16-001
Issued: March 21, 2016

PROPOSAL SUBMISSION DEADLINE:
*******Friday, April 22, 2016 by 12:00PM Local Time *******
NO LATE PROPOSALS WILL BE ACCEPTED

RESPONSES SHALL BE DELIVERED TO:

CITY OF FORT WORTH
NEIGHBORHOOD SERVICES DEPARTMENT
908 MONROE STREET, 3RD FLOOR
FORT WORTH, TEXAS 76102

Mandatory Pre-Proposal Conferences: (must attend one)

Wednesday, March 23, 2016, 6:00 P.M., at the Hazel Harvey Peace Center for Neighborhoods, 818 Missouri Ave., 2nd Floor Conference Room, Fort Worth, TX 76104.

Friday, March 25, 2016, 11:00 A.M., at the Hazel Harvey Peace Center for Neighborhoods, 818 Missouri Ave., 2nd Floor Conference Room, Fort Worth, TX 76104.

Friday, March 25, 2016, 2:00 P.M., at the Hazel Harvey Peace Center for Neighborhoods, 818 Missouri Ave., 2nd Floor Conference Room, Fort Worth, TX 76104.

Monday, March 28, 2016, 6:00 P.M., at the Hazel Harvey Peace Center for Neighborhoods, 818 Missouri Ave., 2nd Floor Conference Room, Fort Worth, TX 76104.

FOR ADDITIONAL INFORMATION REGARDING THIS RFP, PLEASE CONTACT:

Leticia Rodriguez, Neighborhood Development Coordinator,
Leticia.Rodriguez@fortworthtexas.gov

SUBMIT THIS COVER SHEET WITH RESPONSE TO:
Leticia Rodriguez, Neighborhood Development Coordinator

**NAME AND ADDRESS OF ORGANIZATION
SUBMITTING PROPOSAL:**

RFP Contact Person:	
Title:	
Phone:	
Fax:	
Email:	
Signature:	
Printed Name:	

Acknowledgment of Addenda: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____

THE CITY WILL DISQUALIFY ANY PROPOSAL FOR WHICH A STATEMENT OF RECEIPT/STATEMENT OF INTENT IS NOT RECEIVED BY MARCH 31, 2016 at 4:00 PM.

STATEMENT OF RECEIPT

I hereby acknowledge receipt of the Consolidated Action Plan 2016-2017 Request for Proposal packet.

Organization:		
Program Name:		
Typed Name:		
Title:		
Signature: _____	Date: _____	

STATEMENT OF INTENT

Proposers must request a minimum of \$75,000

Please indicate the amount of funds requested, as well as the funding source desired.

Amount of Funds Requested:	\$ _____	
CHECK ONE		ELIGIBLE ACTIVITIES (CDBG: Only one box may be selected for each program. Must submit separate proposals for each proposed program. A proposal containing multiple programs will be disqualified.)
Community Development Block Grant	<input type="checkbox"/>	<input type="checkbox"/> Senior Citizen Services <input type="checkbox"/> Services to the Disabled <input type="checkbox"/> Child Care Services (0 to 12 years of age) <input type="checkbox"/> Substance Abuse Services <input type="checkbox"/> Youth Services (13 to 19 years of age) <input type="checkbox"/> General: Health Services or other Social Services <input type="checkbox"/> Employment/ Job Training Services <input type="checkbox"/> Housing Counseling Services <input type="checkbox"/> Removal of Architectural Barrier Services <input type="checkbox"/> Homeless/Homeless Prevention Services <input type="checkbox"/> Services to HIV/AIDS Persons
CHECK ONE		ELIGIBLE ACTIVITIES (ESG & HOPWA: Check all that apply.)
Emergency Solutions Grant	<input type="checkbox"/>	<input type="checkbox"/> Street Outreach Services <input type="checkbox"/> Shelter Services <input type="checkbox"/> Homeless Prevention Services <input type="checkbox"/> Rapid Re-Housing Services <input type="checkbox"/> Administration
Housing Opportunities for Persons with AIDS	<input type="checkbox"/>	<input type="checkbox"/> Supportive Services <input type="checkbox"/> Short-Term Rent, Mortgage, Utility (STRMU) Assistance Services <input type="checkbox"/> Tenant-Based Rental Assistance (TBRA) Services <input type="checkbox"/> Facility Based Operation Services <input type="checkbox"/> Administration (7%)

Agencies are required to submit a copy of this document by delivering it in person to the address below or via email by **March 31, 2016 at 4:00 pm** to:

Hand-Delivery Address:

NEIGHBORHOOD SERVICES DEPARTMENT
 ATTENTION: Leticia Rodriguez
 CITY OF FORT WORTH
 908 MONROE STREET, 3rd FLOOR
 FORT WORTH, TX 76102

E-Mail:

Leticia.Rodriguez@fortworthtexas.gov
 or PSA@fortworthtexas.gov

SECTION I

PROPOSAL COVER SHEET

Proposer Legal Name:			
Proposer Common Name or d/b/a:		Name of Director:	
Address:		Phone Number:	
City:		E-Mail Address:	
State:		*RFP Contact:	
Zip:		Phone Number:	
Fax Number:		E-Mail Address:	
If Applicable, Other Registered Names:		DUNS#:	
Secretary of State:		CCR:	
Internal Revenue Service:		EIN/TIN#:	
Child Care Licenses:		Other Licenses:	
What organization provides licenses for the proposer?			

** Please note that only the RFP Contact will be the only person contacted about this proposal.*

Proposer must request a minimum of \$75,000

Please indicate the amount of funds requested, as well as the funding source desired.

Amount of Funds Requested:	\$	
CHECK ONE		ELIGIBLE ACTIVITIES (CDBG: Only one box may be selected for each program. Must submit separate proposals for each proposed program. A proposal containing multiple programs will be disqualified.)
Community Development Block Grant	<input type="checkbox"/>	<input type="checkbox"/> Senior Citizen Services <input type="checkbox"/> Services to the Disabled <input type="checkbox"/> Child Care Services (0 to 12 years of age) <input type="checkbox"/> Substance Abuse Services <input type="checkbox"/> Youth Services (13 to 19 years of age) <input type="checkbox"/> General: Health Services or other Social Services <input type="checkbox"/> Employment/ Job Training Services <input type="checkbox"/> Housing Counseling Services <input type="checkbox"/> Removal of Architectural Barrier Services <input type="checkbox"/> Homeless/Homeless Prevention Services <input type="checkbox"/> Services to HIV/AIDS Persons
CHECK ONE		ELIGIBLE ACTIVITIES (ESG & HOPWA: Check all that apply.)
Emergency Solutions Grant	<input type="checkbox"/>	<input type="checkbox"/> Street Outreach Services <input type="checkbox"/> Shelter Services <input type="checkbox"/> Homeless Prevention Services <input type="checkbox"/> Rapid Re-Housing Services <input type="checkbox"/> Administration
Housing Opportunities for Persons with AIDS	<input type="checkbox"/>	<input type="checkbox"/> Supportive Services <input type="checkbox"/> Short-Term Rent, Mortgage, Utility (STRMU) Assistance Services <input type="checkbox"/> Tenant-Based Rental Assistance (TBRA) Services <input type="checkbox"/> Facility Based Operation Services <input type="checkbox"/> Administration (7%)

SECTION I

PROPOSAL COVER SHEET Cont.

CERTIFICATION:

The undersigned certifies (i) that the information contained in this proposal fairly represents the proposer's operating plans and budget for the proposed program; (ii) that I have read and understand the requirements and provisions of the RFP; (iii) that the proposer will comply with all applicable rules and regulations relating to the procurement process; (iv) that I am authorized to sign this proposal and to enter into and execute a contract with the City of Fort Worth; (v) if proposer is awarded a contract then I will need to provide proof of authority to enter into the contract at the time of execution; (vi) proposer has not been debarred or suspended, and a search of the System for Award Management (SAM) will be conducted prior to executing any contracts; and (vii) that if the proposer is listed on SAM this proposal will automatically be rejected.

Organization:			
Typed Name:		Title:	
Signature: _____			Date:

SECTION II

EVALUATION FACTORS

Provide narrative responses for each of the following. **The narratives for this section should be no longer than ten pages (not including attachments).**

Narrative 1. Program Description, Agency Experience, & Board Diversity: Write an approximately two-page narrative that fully describes the program proposed for funding, covering at a minimum of the following questions.

Program Description	
II.1a	What types of services will be provided through the proposed program?
II.1b	Is this a new program or a continuing program? Describe accomplishments from the previous year, or explain what is proposed to be accomplished.
II.1c	Who is the target population and what are their demographics?
II.1d	What is the address or location(s) where the proposed services will be offered?
II.1e	When will the proposed services be provided? (Days/times, etc., i.e. M, W, F from 9am to 5pm)
II.1f	What benefits and services does each client receive directly, i.e. case management, child care, etc.?
II.1g	How is the eligibility of a client determined, i.e. income, age, disability status, etc. Attach an intake form or a copy of the application being used to determine eligibility.
II.1h	Will City funds pay for the entire program or for only a portion? If so, what is the overall program and what portion will the City be asked to support?
II.1i	How many *unduplicated clients were served by this program during the 2014-2015 program year (October 1, 2014 – September 30, 2015)? How many will be served during the current year (October 1, 2015 – September 30, 2016)? Provide an estimated number of *unduplicated clients that will be served by the proposed program during the upcoming funding year (October 1, 2016 – September 30, 2017). <i>(* Note: “Unduplicated client” is a count of people served once in a contract year. Even if a person is served multiple times in a contract year, they can only be counted once.)</i>
II.1j	Will the proposed program serve clients who live outside the City of Fort Worth city limits? If so, provide a breakout of how many were/will be Fort Worth residents and how many were/will be from surrounding cities for each of the program years referenced above.
II.1k	Does the proposer follow up with clients to assess how the program benefitted the client? If yes, describe this process of outcome measurement.
II.1l	For Child Care Agencies Only: When and how often does the agency’s fee schedule change? Provide documentation of the fee schedule the proposer intends to use during the 2016-2017 contract year. Will CDBG assistance be requested for direct financial subsidies to client families or in another form?

Agency Experience	
II.1m	What experience does the proposer/proposers staff have in providing the program service(s)? Attach an organizational chart and employee resumes of key staff such as supervisors and employees whose salary will be paid for, in part or in full, by the grant. Resumes should describe years of experience and any special training, licensing or certifications.
II.1n	Explain the agency’s experience in managing federal grants. List any federal or state grants that are currently being used for the agency’s programs.

II.1o	What types of performance or financial reports must the proposer prepare regularly? To whom are they submitted? Who prepares these reports? If the agency prepares standard performance reports or client tracking reports for the proposed program, provide a sample.																																			
Board Diversity																																				
II.1p	How many Board members does the proposer have?																																			
II.1q	Indicate the composition of the proposers' board by filling in the appropriate numbers in the table below:																																			
	<table border="1"> <tr> <th colspan="5">BOARD COMPOSITION</th> </tr> <tr> <th>Race</th> <th>Number of Males</th> <th>Number of Hispanic Males</th> <th>Number of Females</th> <th>Number of Hispanic Females</th> </tr> <tr> <td>White</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Black/African American</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Asian</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other: Native American, Pacific Islander, etc.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL per Column</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	BOARD COMPOSITION					Race	Number of Males	Number of Hispanic Males	Number of Females	Number of Hispanic Females	White					Black/African American					Asian					Other: Native American, Pacific Islander, etc.					TOTAL per Column				
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Other: Native American, Pacific Islander, etc.																																				
TOTAL per Column																																				
II.1r	Does the proposer have an outreach plan or policy on how to recruit board members? If yes, please attach a copy of the plan or policy.																																			
II.1s	What measures has the proposer taken to promote diversity on its board?																																			
II.1t	Does the proposer have a policy that requires particular experience or other types of diversity? For example, board members who are required to live in Fort Worth; who have certain occupations such as accountant, doctors; who are homeless; or members who have fundraising requirements/capacity.																																			

Narrative 2. Consolidated Plan & Community Need: Write an approximately one-page narrative that fully explains how the proposed program addresses a Consolidated Plan priority and meets an important community need, covering at a minimum of the following questions.

Consolidated Plan	
II.2a	How does the proposed program meet one of the Consolidated Plan priorities described in PART I, RFP SUMMARY, Section 23.0 SCOPE OF SERVICES?
II.2b	How does the proposed program meet the eligibility requirements of the particular grant requested (CDBG, ESG, HOPWA)? CDBG programs must meet the regulatory eligibility requirements described in Section VI of the RFP. ESG programs must serve the homeless or persons at risk of homelessness. HOPWA programs must serve persons with HIV/AIDS.
Community Need	
II.2c	Describe how the proposed program addresses an important community need, providing data to support the need for the services, such as the number in need and the nature of the need. (For example: There are 'X' number of children in poverty in the neighborhood where 'X' services will be located. 'X'% of these children are performing below grade level in school.)

II.2d	How has the proposed program address this need? Describe outcomes from prior years.
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Narrative 3. Financial Capacity & Leveraging: Write an approximately one-page narrative that describes the agency's financial capacity to implement the proposed program and responding at a minimum to questions II.3a through II.3g. Fill out the required charts on monthly balances and monthly expenses and attach these and supporting documentation as requested. Fill out the leverage of funds form and ESG Match, as applicable, in Section IV.

II.3a	What will happen to the proposed program if the funding under this RFP is not provided?
II.3b	What is the proposers' entire organizational budget?
II.3c	What is the proposed program budget?
II.3d	What portion of the proposed program budget will the City grant dollar represent if funds are awarded?
II.3e	How much does it cost to provide the proposed service(s) to one client? If necessary, attach a separate sheet of paper with the calculation(s).
II.3f	What will be the impact if the program is partially funded?
II.3g	Describe the sources of any leveraging or required matching funds explaining any restrictions on the use of these funds.

II.3h	<p>Using the format below, provide the beginning month balances for the months of January 2015 thru December 2015. Attach supporting information to include bank letter(s), bank statement(s), lines of credit, or any other unrestricted account that can be accessed. City will automatically place a \$0 on any month if the supporting information is not provided.</p> <table border="1" data-bbox="597 338 1123 835"> <thead> <tr> <th>Month/Year</th> <th>Available Balance</th> </tr> </thead> <tbody> <tr><td>January 2015</td><td>\$</td></tr> <tr><td>February 2015</td><td>\$</td></tr> <tr><td>March 2015</td><td>\$</td></tr> <tr><td>April 2015</td><td>\$</td></tr> <tr><td>May 2015</td><td>\$</td></tr> <tr><td>June 2015</td><td>\$</td></tr> <tr><td>July 2015</td><td>\$</td></tr> <tr><td>August 2015</td><td>\$</td></tr> <tr><td>September 2015</td><td>\$</td></tr> <tr><td>October 2015</td><td>\$</td></tr> <tr><td>November 2015</td><td>\$</td></tr> <tr><td>December</td><td>\$</td></tr> </tbody> </table>	Month/Year	Available Balance	January 2015	\$	February 2015	\$	March 2015	\$	April 2015	\$	May 2015	\$	June 2015	\$	July 2015	\$	August 2015	\$	September 2015	\$	October 2015	\$	November 2015	\$	December	\$
Month/Year	Available Balance																										
January 2015	\$																										
February 2015	\$																										
March 2015	\$																										
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November 2015	\$																										
December	\$																										
II.3i	<p>Using the format below, provide the total monthly expenses for the proposer for the months of January 2015 thru December 2015. Agency must provide Financial Statements or the most recent Audit that clearly reflects the agency's monthly expenses to support the information. City will automatically place a \$0 on any month if the supporting information is not provided.</p> <table border="1" data-bbox="597 1003 1123 1501"> <thead> <tr> <th>Month/Year</th> <th>Expense Amount</th> </tr> </thead> <tbody> <tr><td>January 2015</td><td>\$</td></tr> <tr><td>February 2015</td><td>\$</td></tr> <tr><td>March 2015</td><td>\$</td></tr> <tr><td>April 2015</td><td>\$</td></tr> <tr><td>May 2015</td><td>\$</td></tr> <tr><td>June 2015</td><td>\$</td></tr> <tr><td>July 2015</td><td>\$</td></tr> <tr><td>August 2015</td><td>\$</td></tr> <tr><td>September 2015</td><td>\$</td></tr> <tr><td>October 2015</td><td>\$</td></tr> <tr><td>November 2015</td><td>\$</td></tr> <tr><td>December</td><td>\$</td></tr> </tbody> </table>	Month/Year	Expense Amount	January 2015	\$	February 2015	\$	March 2015	\$	April 2015	\$	May 2015	\$	June 2015	\$	July 2015	\$	August 2015	\$	September 2015	\$	October 2015	\$	November 2015	\$	December	\$
Month/Year	Expense Amount																										
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November 2015	\$																										
December	\$																										

Narrative 4. Compliance/Internal Audit Issues: Write a narrative that summarizes any prior compliance or audit issues, covering at a minimum of the following questions.

II.4a	Did the proposer receive a finding or concern on any of the federal or state grant funds it administers (other than City funds), in the past three years? If so, briefly explain the issue(s) and outcome(s).
II.4b	Did the proposer receive a City of Fort Worth finding or concern in the past three years? If so, please explain how processes have been modified to prevent reoccurrence of these issues.
II.4c	Has the agency received any findings or concerns from its financial auditors, in the past three

	years? If so, briefly explain the issue(s) and outcome(s) and how processes have been modified to prevent reoccurrence of these issues.
II.4d	Does the proposer have any overdue taxes, or outstanding liens or judgements? Please note that the City may take into considerations any overdue taxes, or outstanding liens or judgements when making funding recommendations.
II.4e	Does the proposer procure or contract professional services such as Accounting, Legal, program related services, etc.? Provide details, company name, address, type of professional service, etc. Attach a copy of the agency procurement policy. Federal regulations prohibit the City from contracting with entities that are debarred from working on federally funded activities; additionally, entities contracting with the City are prohibited from subcontracting with entities that are debarred from working on federally funded activities. For these reasons, all agencies and their contracted entities must be free from debarment. This is checked through the System for Awards Management (SAM) at www.sam.gov .
II.4f	For CDBG programs only: How is the requested funding going to result in an increase in service or expansion of services for clients? Programs must either be a new service or provide a quantifiable increase in the level of an existing service.

Narrative 5. Use of Neighborhood Centers: Write an approximately one-page narrative that describes how the agency will partner with Neighborhood Centers to provide community-based programing, covering at a minimum of the following questions.

II.5a	Does the proposer intend to provide any of the proposed program services at one of the City of Fort Worth's Neighborhood Centers? If 'No', please explain.		
II.5b	What service(s) or program(s) can be delivered at a City of Fort Worth Neighborhood Center?		
II.5c	Select the Neighborhood Center of your preference.		
	Neighborhood Centers	Center Location	Rank Preference (1 st , 2 nd , & 3 rd)
	Andrew Doc Session Neighborhood Center	201 S. Sylvania Avenue Fort Worth, Texas 76111	
	Como Neighborhood Center	4900 Horne Street Fort Worth, Texas 76107	
	Martin Luther King Neighborhood Center	5565 Truman Drive Fort Worth, Texas 76112	
	North-Tri Ethnic Neighborhood Center	2950 Roosevelt Avenue Fort Worth, Texas 76106	
	Northside Neighborhood Center	1801 NW 18th Street Fort Worth, Texas 76106	
	Southside Neighborhood Center	959 E Rosedale Street Fort Worth, Texas 76104	
	Worth Heights Neighborhood Center	3551 New York Avenue Fort Worth, Texas 76110	
II.5d	How frequently can the proposed service be available at the Neighborhood Center? For example, 1 st and 3 rd Wednesday of each month during the contract year. Note: The Neighborhood Services Department goal is to expand community-based programing so that additional programs are offered by participating agencies at least monthly during the contract year at one or more of the Neighborhood Centers.		
II.5e	What time and for how long can the proposed service/program be provided at the		

	<p>Neighborhood Center? For example, 10:00 am – noon, 2 hours.</p> <p>Note: The Neighborhood Services Department goal is to offer programing that has at least 45 minute sessions. For example, youth tutoring or mentoring.</p>
II.5f	How many agency staff can be on-site at the Neighborhood Center delivering services for each program? What certifications, state licenses, trainings, etc. are these staff required to have?
II.5h	Does the agency have a process for conducting background checks on staff and/or volunteers directly involved in delivering their program(s)? Attach a copy of the agency personnel policy addressing background checks. Verification of background checks may be required, as applicable, for particular programs.
II.5i	<p>Are supplies or curriculum involved in the delivery of the proposed community-based program? Please attach copies of sample curriculum/handouts, etc.</p> <p>Copies of these will be requested for meetings with the Neighborhood Center Superintendent while planning for and scheduling the program at the neighborhood site.</p>
II.5j	<p>What type of space is required for programs propose for the Neighborhood Centers? (For Example, office or semi-private space for direct client intake or one-on-one tutoring, or classroom space, recreational space etc.)</p> <p>Note: Fees for space are grant eligible reimbursable expenses and range from \$35 to \$50 per hour.</p>

SECTION III
PROGRAM BUDGET

Cost eligibility will be evaluated based on the Office and Management Budget (OMB) new requirements located at 2 CFR part 200 and can be found at <https://www.gpo.gov/fdsys/pkg/FR-2013-12-26/pdf/2013-30465.pdf>. More program specific requirements for eligibility of expenditure and participants can be found at the following websites:

CDBG - http://portal.hud.gov/hudportal/documents/huddoc?id=DOC_16476.pdf

ESG - <http://www.hudhre.info/esg/>

HOPWA - <http://www.hudhre.info/index.cfm?do=viewHopwaHome>

Answer the following question and provide the following information:

III.1	How will the proposer spend the requested grant dollars? <i>For example, grant dollars will be used to pay 15% of the salary of an Educational Mentor to teach an additional GED class.</i>
III.2	Does the proposer have a cost allocation plan and approved direct cost rate? Attach a copy of the proposers cost allocation plan and approved direct cost rates.
III.3	Annual Organization Budget – Proposers are required to submit a copy of their annual budget for the entire organization. The budget will reflect the dollar amount that is necessary to run the daily operations of the organization. The City of Fort Worth does not require a specific format. Attach a copy of the proposers’ most recent organization budget.
III.4	Annual Program Budget – Proposers are required to submit a copy of their annual program budget. The budget will reflect the dollar amount that is necessary to run the daily operations of the proposed program. Proposers must use the format represented below. If necessary, the proposer may add line items to be able to demonstrate the proposers’ entire budget, even though such added line items will not be approved to be funded with City-awarded Grant funds. Annual program budget formats are available on pages 12 through 19 .

FOR PROPOSERS REQUESTING CDBG FUNDS, PLEASE COMPLETE THE FOLLOWING WORKSHEET.

CDBG ANNUAL PROGRAM BUDGET

City reserves the right to decline to fund any particular line item listed under Column B based on grant eligibility and administrative feasibility.

The “Other Sources” columns should be consistent with the “Leverage of Funds” chart in Section IV.

Proposers must request a minimum of \$75,000. Proposals requesting less than \$75,000 will be disqualified. Additional lines can be inserted in this form in order to appropriately illustrate full budget details.

Expense Category	Total	Grant Budget	Other Sources (Indicate Below)						
	A (Sum of B thru J)	B	C	D	E	F	H	I	J
PERSONNEL SERVICES									
Salaries									
FICA									
Life Insurance									
Health Insurance									
Unemployment									
Worker's Compensation									
Retirement									
Other (Specify):									
Other (Specify):									
Other (Specify):									
SUPPLIES AND SERVICES									
Office Supplies									
Office Equipment Rental									
Postage									
Printing									
Other (Specify):									
Other (Specify):									
Other (Specify):									
MISCELLANEOUS									
Construction/Building Materials (only REACH)									
**Contract Labor (Contracts must be submitted with the RFP to be considered)									
Craft Supplies									
Field Trip Admission Expenses									
Other Field Trip Expenses (if preapproved by City)									
Food Supplies (Contracts must be submitted with the RFP to be considered)									
Teaching Aids									

FACILITY AND FACILITIES									
Telephone									
Electric									
Gas									
Water and Wastewater									
Solid Waste Disposal									
Rent (Lease Agreement must be submitted with the RFP to be considered)									
Neighborhood Center Rent									
**Custodial Services (Contract must be submitted with the RFP to be considered)									
Repairs									
Cleaning Supplies									
Other (Specify):									
Other (Specify):									
Other (Specify):									
LEGAL, FINANCIAL, AND *INSURANCE									
Fidelity Bond or Equivalent									
Directors and Officers									
General Commercial Liability									
Contract Accounting									
Other (Specify):									
Other (Specify):									
Other (Specify):									
DIRECT ASSISTANCE									
Child Care Scholarships									
Other (Specify):									
Other (Specify):									
Other (Specify):									
Other (Specify):									
TOTALS									

* Grant funds may only be used to pay for insurance required by the City's CDBG contract.

** Contract Labor needs to be researched for Debarred/Suspended Status in System for Award Management (SAM) at www.sam.gov.
Contracts and agreements must be submitted with the proposal to be considered.

Please insert the name of each funding source from above:

C:		D:		E:		F:	
G:		H:		I:		J:	

FOR PROPOSERS REQUESTING ESG FUNDS, PLEASE COMPLETE THE FOLLOWING WORKSHEET.

ESG ANNUAL PROGRAM BUDGET

City reserves the right to decline to fund any particular line item listed under Column B based on grant eligibility and administrative feasibility.

The “Other Sources” columns should be consistent with the “Leverage of Funds” chart in Section IV.

Proposers must request a minimum of \$75,000. Proposals requesting less than \$75,000 will be disqualified. Additional lines can be inserted in this form in order to appropriately illustrate full budget details.

Expense Category	Total	Grant Budget	Other Sources (Indicate Below)						
	A (Sum of B thru E)	B	C	D	E	TOTAL MATCH F (Sum of G thru I)	SOURCE 1 MATCH G	SOURCE 2 MATCH H	SOURCE 3 MATCH I
STREET OUTREACH									
Salaries									
FICA									
Life Insurance									
Health Insurance									
Unemployment									
Worker's Compensation									
Retirement									
Insurance *									
Accounting									
Other (Specify):									
Other (Specify):									
Other (Specify):									
SUB TOTAL STREET OUTREACH									
EMERGENCY SHELTER									
ESSENTIAL SERVICES									
Salaries									
FICA									
Life Insurance									
Health Insurance									
Unemployment									
Worker's Compensation									
Retirement									
Supplies (Office Supplies, Printing, Cleaning/Kitchen Supplies, Food Supplies & other similar)									
Insurance *									
Accounting									

Contract Services & Labor ** (Contract must be submitted with the RFP to be considered)									
Other (Specify):									
Other (Specify):									
Other (Specify):									
SUBTOTAL ESSENTIAL SERVICES									
SHELTER OPERATIONS									
Maintenance									
Rent (Lease Agreement must be submitted with the RFP to be considered)									
Security									
Insurance									
Utilities (Phone, Water, Sewer, Electric, and Gas)									
Supplies (Office Supplies, Printing, Cleaning/Kitchen Supplies, Food Supplies & other similar)									
Hotel/Motel Vouchers									
Other (Specify):									
Other (Specify):									
Other (Specify):									
SUBTOTAL EMERGENCY SHELTER									
HOUSING RELOCATION AND STABILIZATION									
HOMELESS PREVENTION									
Salaries									
FICA									
Life Insurance									
Health Insurance									
Disability Insurance									
Unemployment – State									
Other (Specify):									
Other (Specify):									
Other (Specify):									
SUBTOTAL HOMELESS PREVENTION									
RAPID RE-HOUSING									
Salaries									
FICA									
Life Insurance									
Health Insurance									
Disability Insurance									
Unemployment – State									
Other (Specify):									
Other (Specify):									
Other (Specify):									
SUBTOTAL RAPID RE-									

HOUSING									
FINANCIAL ASSISTANCE									
HOMELESS PREVENTION									
Rental Assistance									
Utility Payments									
Other (Specify):									
Other (Specify):									
SUBTOTAL HOMELESS PREVENTION									
RAPID RE-HOUSING									
Rental Assistance									
Utility Payments									
Moving Costs									
Security Deposits									
Other (Specify):									
Other (Specify):									
SUBTOTAL RAPID RE-HOUSING									
HMIS									
Homeless Prevention									
Rapid Re-Housing									
SUBTOTAL HMIS									
TOTALS									

* Grant funds may only be used to pay for insurance required by the City's ESG contract.

** Contract Labor needs to be researched for Debarred/Suspended Status in System for Award Management (SAM) at www.sam.gov. Contracts and agreements must be submitted with the proposal to be considered.

Please insert the name of each funding source from above:

C:		D:		E:		F:	
G:		H:		I:			

FOR THOSE SUBMITTING FOR HOPWA FUNDS, PLEASE COMPLETE THE FOLLOWING WORKSHEET.

HOPWA PROGRAM WORKSHEET

City reserves the right to decline to fund any particular line item listed under Column B based on grant eligibility and administrative feasibility.

The “Other Sources” columns should be consistent with the “Leverage of Funds” chart in Section IV.

Proposers must request a minimum of \$75,000. Proposals requesting less than \$75,000 will be disqualified. Additional lines can be inserted in this form in order to appropriately illustrate full budget details.

Expense Category	Total	Grant Budget	Other Sources (Indicate Below)			
	A (Sum of B thru F)	B	C	D	E	F
ADMINISTRATIVE SERVICES						
Salaries*						
FICA						
Life Insurance						
Health Insurance						
Disability Insurance						
Unemployment-State						
Contract Labor – Accounting						
Fidelity Bond**						
Liability Insurance**						
Contract Services & Labor ****(Contract must be submitted with the RFP to be considered)						
Other (Specify):						
Other (Specify):						
Other (Specify):						
TOTAL ADMIN EXPENSES						
% Administrative Cost (Cannot exceed 7%)						
SUPPORTIVE SERVICES***						
PROGRAM PERSONNEL						
Salaries*						
FICA						
Life Insurance						
Health Insurance						
Unemployment						
Worker's Compensation						
Retirement						
Other (Specify):						
Other (Specify):						
Other (Specify):						
SUPPLIES AND SERVICES						
Office Supplies						

Office Equipment Rental						
Postage						
Printing						
Other (Specify):						
Other (Specify):						
Other (Specify):						
MISCELLANEOUS						
Construction/Building Materials						
Contract Labor – Accounting (Contract must be submitted with the RFP to be considered)						
Contract Labor – IT (Contract must be submitted with the RFP to be considered)						
Other (Specify):						
Other (Specify):						
Other (Specify):						
FACILITY AND UTILITIES						
Telephone						
Electric						
Gas						
Water and Wastewater						
Solid Waste Disposal						
Rent (Lease Agreement must be submitted with the RFP to be considered)						
Custodial Services (Contract must be submitted with the RFP to be considered)						
Maintenance/Repairs						
Cleaning Supplies						
Building Security						
Other (Specify):						
Other (Specify):						
Other (Specify):						
LEGAL, FINANCIAL, AND INSURANCE						
Fidelity Bond or Equivalent						
Directors and Officers						
General Commercial Liability						
Contract Accounting – Audit Requirements (Contract must be submitted with the RFP to be considered)						
Other (Specify):						
Other (Specify):						
Other (Specify):						
TOTAL SUPPORTIVE SERVICE EXPENSES						

DIRECT ASSISTANCE - STRMU						
Short-Term Rent Assistance						
Short-Term Mortgage Assistance						
Short-Term Utilities Assistance						
TOTAL DIRECT ASSISTANCE – STRMU EXPENSES						
DIRECT ASSISTANCE - TBRA						
Tenant Based Rental Assistance						
TOTAL DIRECT ASSISTANCE – TBRA EXPENSES						
FACILITY BASED OPERATIONS EXPENSES						
Salaries						
FICA						
Life Insurance						
Health Insurance						
Disability Insurance						
Unemployment - State						
Worker's Compensation						
Accounting						
Retirement						
Insurance – Commercial Property and Liability, Professional Liability						
Other (Specify):						
Other (Specify):						
Other (Specify):						
TOTAL FACILITY BASED OPERATION EXEPENSES						
BUDGET TOTAL						

* Provide specifics about the line item expense on Budget Detail (following pages).

** Fidelity bond and liability insurance are required of all subcontractors and may be paid from grant funds or other funds.

***Supportive Services should only include costs directly related to the delivery of eligible HOPWA supportive services such as case management, outreach, advocacy, etc. Other costs will fall under the administrative budget and count towards the 7% cap.

**** Contract Labor needs to be researched for Debarred/Suspended Status in System for Award Management (SAM) at www.sam.gov.

Please insert the name of each funding source from above:

C:		D:		E:		F:	
-----------	--	-----------	--	-----------	--	-----------	--

SALARY REQUEST WORKSHEET
(All funding sources)

III.5	<p>For proposers requesting grant funds for salaries, the following must be submitted. Failure to submit will result in the rejection of the proposal. Attach the job descriptions for each position identified in the worksheet below. If additional space is needed, insert more rows if necessary.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 45%;">Position Titles to be Funded</th> <th style="width: 15%;">Annual Salary Rate</th> <th style="width: 15%;">% of Time Charged to Grant</th> <th style="width: 20%;">Total Amount Charged to Grant</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td><td></td><td></td></tr> <tr><td>6.</td><td></td><td></td><td></td><td></td></tr> <tr><td>7.</td><td></td><td></td><td></td><td></td></tr> <tr><td>8.</td><td></td><td></td><td></td><td></td></tr> <tr><td>9.</td><td></td><td></td><td></td><td></td></tr> <tr><td>10.</td><td></td><td></td><td></td><td></td></tr> <tr><td>11.</td><td></td><td></td><td></td><td></td></tr> <tr><td>12.</td><td></td><td></td><td></td><td></td></tr> <tr><td>13.</td><td></td><td></td><td></td><td></td></tr> <tr><td>14.</td><td></td><td></td><td></td><td></td></tr> <tr><td>15.</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		Position Titles to be Funded	Annual Salary Rate	% of Time Charged to Grant	Total Amount Charged to Grant	1.					2.					3.					4.					5.					6.					7.					8.					9.					10.					11.					12.					13.					14.					15.				
	Position Titles to be Funded	Annual Salary Rate	% of Time Charged to Grant	Total Amount Charged to Grant																																																																													
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III.6	<p>Salary and Fringe Benefits – Please describe the methodology you used to determine whose salaries and fringe benefits were paid with grant funds, as well as how you determined what percent will be charged to the grant instead of other funding sources.</p> <p>Please note that reimbursement for salaries will require that the proposer report to City all the clients that were served by that particular staff person in that program. For CDBG 51% agencies as defined in Section VI, this includes clients that may be over income or non-Fort Worth residents. For example, if a staff person provides case management services to 100 persons annually, the proposer will be required to report a total of 100 persons to the City. Attachment III or a similar form to may be submitted to capture this information.</p>																																																																																
III.7	<p>Other Costs – Please describe the methodology you used to determine which other costs (supplies, insurance, etc.) would be paid with grant funds, as well as how you determined what percent will be charged to the grant instead of other funding sources.</p>																																																																																

SECTION IV

LEVERAGE OF FUNDS

(All funding sources)

The City of Fort Worth does not provide 100% of the funding for programs. Please indicate below the funding source and amount of funds that will make up the remainder of your program budget for the period of October 1, 2016 through September 30, 2017.

IV.1	Documentation of commitments must be attached for all the funding sources listed below.	
	Funding Source (Specify)	Amount
	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
	7.	
	8.	
	9.	
	10.	
	11.	
	12.	
	13.	
	14.	
	15.	
	Amount Requested From City	\$
TOTAL 2016-2017 BUDGET	\$	

ESG Match (If Applicable)

(ESG Applicants Only)

ESG funds must be matched dollar for dollar. For instance, if \$100,000 is requested in ESG funds, an additional \$100,000 in other non-ESG funds will be required. Match can be all or a portion of the leveraged funds listed above. Dollars used as match can only be committed to one ESG award. For example, funding used as match for a Tarrant County ESG contract cannot be used as match for a City ESG contract. Funds counted as match must be used for ESG-eligible activities and may be counted as match once expenses have been incurred. Match documentation will be required to be reported on a monthly basis.

IV.2	ESG Match	
	Funding Source (Specify)	Amount
	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
	7.	
	8.	
	9.	
	10.	
	Amount Requested From City	\$
TOTAL 2016-2017 BUDGET	\$	

SECTION V

GRANT SPECIFIC QUESTIONNAIRE

CDBG APPLICANTS ONLY

To be eligible for CDBG funding, each proposal must meet one of the following HUD tests. The proposed program must meet one of the following mandatory eligibility factors:

- **51% Low/Moderate Income Persons** means that the program serves a population for which at least 51% of clients are documented as low and moderate income. All program clients that are served by staff whose salaries are paid by City CDBG funds, must be reported to the City. This includes clients that may reside outside the city of Fort Worth, or clients whose incomes are over 80% of median. The proposer should have consistent processes to collect income and demographic information from all clients, preferably the City's Income Self-Certification form. Income documentation (Complete and Accurate Income Self Certifications or full documentation per 24 CFR Part 5) must be maintained for no less than 51% of the total clients served by CDBG-paid staff. This information is required in order for the City to verify cost reasonableness and the HUD eligibility of staff and other costs charged to the CDBG program.
- **"Presumed Benefit" Clientele** means that 100% of clients for the proposed program are in one or more of the following Presumed Benefit client populations: abused children, homeless persons, elderly persons, victims of domestic violence, persons with severe disabilities, illiterate adults, persons living with AIDS, or migrant farm workers. Documentation of each client's eligibility in the Presumed Benefit category must be obtained.
- **100% Low/Moderate Income Persons (Direct Client Financial Benefit)** means that all clients served by the proposed program are documented as meeting HUD's definition of low or moderate income and agencies are likely to be reimbursed on a per-client or per-service basis. For example, child care scholarships, reimbursement of transportation costs, or payment of construction costs for architectural barrier removal in a client's home. Full household income documentation must be obtained for all adults in the household in accordance with 24 CFR Part 5 (check stubs, social security letters, child support, unemployment letters, etc.)

Please refer to the Community Development Block Grant regulations at http://portal.hud.gov/hudportal/documents/huddoc?id=DOC_16476.pdf if you need additional information or clarification of the eligibility factors.

Check ONE of the mandatory eligibility factors below. DO NOT check more than one eligibility factor.

ELIGIBILITY TESTS (Check One)	
The program will serve at least 51% Low/Moderate Income Persons*	<input type="checkbox"/>
The program serves a "Presumed Benefit" Clientele	<input type="checkbox"/>
The program benefits 100% Low/Moderate Income Persons *	<input type="checkbox"/>

**Low/Moderate Income Persons means individuals with incomes at or below 80% of the Area Median Income according to current HUD limits available at <https://www.huduser.gov/portal/datasets/il/il15/index.html>.*

V.1	How will the proposed program serve the clientele indicated above?
------------	--

Please Note: CDBG funded programs may be required to provide specific program policies and procedures prior to the execution of a contract. The program policies and procedures may include but are not limited to fee schedules, billing schedules and billing processes, program attendance policies, intake procedures, and any other information requested by the City of Fort Worth to determine the eligibility of the clients and costs. In some cases and depending on the nature of the service provided by the proposer, specific documents to support expenses will be required. Documents may include but are not limited to full income source documentation, State of Texas Identification card, City Conflict of Interest Form, etc.

ESG APPLICANTS ONLY

V.2	Does the proposer have a target population? For example, Single Men, Single Women, Families, Women with Children, Battered Spouse, etc.
V.3	What outreach efforts do you conduct on your target population?
V.4	Does the proposers' Board of Directors (or other applicable policy/decision making body) include a representative who is homeless or formerly homeless?
V.5	Is there a currently a homeless person involved in the proposers' operation or provision of services?
V.6	What is the role of the currently homeless person in your operation or provision of service? Is the person paid or a volunteer?
V.7	Does/Will the proposer have the capacity to enter complete and accurate data into the required Homeless Management Information System (HMIS)?
V.8	Does the proposer have a discharge policy? Please attach the discharge policy and procedures that ensure that clients are not released or exited into homelessness or into another McKinney-Vento funded program, and/or established procedures to link clients to housing and other resources necessary to address barriers to self-sufficiency.

Please Note: ESG funded programs may be required to provide specific program policies and procedures prior to the execution of a contract. The program policies and procedures may include but are not limited to fee schedules, billing schedules and billing processes, program attendance policies, intake procedures, inspection procedures and any other information requested by the City of Fort Worth to determine the eligibility of the clients and costs. In some cases and depending on the nature of the service provided by the proposer, specific documents to support expenses will be required. Documents may include but are not limited to full income source documentation, State of Texas Identification card, leases, unit habitability inspections, City Conflict of Interest Form, etc.

HOPWA APPLICANTS ONLY

V.9	What services will the proposer provide to persons with HIV or AIDS?
V.10	Does proposer have a marketing plan or policy on how to advertise or conduct outreach effort to potential clients? Attach a copy of the plan or policy to the RFP response.
V.11	Please provide a list of the counties where the proposer provides services.
V.12	City of Fort Worth receives HOPWA funds to provide services to Tarrant, Johnson, Parker, Wise, Hood and Somervell counties. What are the proposers' outreach efforts, if any, for potential clients in these counties?

V.13	Please provide a breakdown of the number of clients served for each of the counties listed above.														
V.14	Supportive Service Only: For proposers requesting funding for Supportive Services, please describe the types of supportive services the proposer will provide participants of the program.														
V.15	Facility Based Operating Cost Only: For proposers requesting funding for Facility Based Operating Costs, describe the types of operating costs the proposer incurs in order to continue to provide the current level of service to participants of the program.														
V.16	Facility Based Operating Cost Only: Describe the types of operating costs the proposer will provide the participants of the program.														
V.17	Facility Based Operating Cost Only: Provide the property address days/times of operation/delivery of services, i.e. M, W, F from 9am to 5pm.														
V.18	Facility Based Operating Cost Only: Please provide the number of units and the unit makeup of the building, i.e. # of Efficiency, 1-Bedroom, 2-Bedroom, etc.														
V.19	<p>Please complete the following information.</p> <table border="1"> <thead> <tr> <th></th> <th></th> <th>Anticipated HOPWA Funds to be Expended during the 2016 Operating Year</th> <th>Total HOPWA Funds Expended during the 2015 Operating Year</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>Leasing Costs</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td>Operating Costs</td> <td></td> <td></td> </tr> </tbody> </table>					Anticipated HOPWA Funds to be Expended during the 2016 Operating Year	Total HOPWA Funds Expended during the 2015 Operating Year	a.	Leasing Costs			b.	Operating Costs		
		Anticipated HOPWA Funds to be Expended during the 2016 Operating Year	Total HOPWA Funds Expended during the 2015 Operating Year												
a.	Leasing Costs														
b.	Operating Costs														
V.20	<p>Training Curriculum for HIV/AIDS Service Providers and Housing Providers: At least 1 proposer employee must complete this required training curriculum. Does the proposer have an employee who has completed the required training curriculum?</p> <p>If yes, submit a copy of the Completion Certificate with this proposal.</p> <p><i>You can access information about the modules by visiting the HUD Exchange website at www.hudexchange.com or by using the following link: https://www.hudexchange.info/training-events/dol-hud-getting-to-work-curriculum-for-hiv-aids-providers.</i></p>														

Please Note: HOPWA funded proposers may be required to provide specific program policies and procedures prior to the execution of a contract. The program policies and procedures may include but are not limited to billing schedules and billing processes, intake procedures, inspection procedures and any other information requested by the City of Fort Worth to determine the eligibility of the clients and costs. In some cases and depending on the nature of the service provided by the proposer, specific documents to support expenses will be required. Documents may include but are not limited to full income source documentation, HIV/AIDS diagnosis documentation, rent reasonableness documentation, leases, unit habitability inspections, City Conflict of Interest Form, etc.

*****END PART II*****



**PART III – REQUEST FOR PROPOSAL (RFP) REQUIRED
ATTACHMENTS**

Consolidated Action Plan Year 2016-2017

Community Development Block Grant (CDBG)

Emergency Solutions Grant (ESG)

Housing Opportunities for Persons with AIDS (HOPWA)

Contact:

**City of Fort Worth
Neighborhood Services Department
Attn: Leticia Rodriguez,
Neighborhood Development Coordinator
Leticia.Rodriguez@fortworthtexas.gov
Fax: 817-392-8903**

**Physical Address:
908 Monroe Street, 3rd Floor
Fort Worth, Texas 76102**

ATTACHMENT I
DRUG FREE WORK PLACE
POLICY STATEMENT

I hereby certify on behalf of my agency, _____
that it will provide a Drug Free Work Place in compliance with the Drug-Free Workplace
Act, 1988, Chapter 9-1. The unlawful manufacture, distribution, dispensing, possession, or
use of a controlled substance is prohibited on the premises of the above named organization
or any of its facilities. Any employee who violates this prohibition will be subject to
disciplinary action up to and including termination. All employees, as a condition of
employment, will comply with this policy.

Organization:			
Typed Name:			
Title:			
Signature: _____		Date: _____	

ATTACHMENT II
CERTIFICATION REGARDING LOBBYING

I hereby certify on behalf of my agency, _____,
to the best of my knowledge and belief:

No federal appropriated funds have been paid or will be paid, by or on behalf of the above named organization, to any person influencing or attempting to influence an officer or employee of Congress, or an employee of a member of Congress, in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any federal contract, grant, loan or cooperative agreement.

If any funds other than federal appropriated funds have been paid or will be paid by or on behalf of the above named organization to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress or employee of a member Congress, in connection with a federal contract, grant, loan or cooperative agreement, the above-named organization shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

I further certify that no federal appropriated funds that may be contracted to the above named organization will be used in any way to attempt to influence in any manner a member of Congress to favor or oppose any legislation or appropriation by Congress, or for lobbying with State or local legislators, in compliance with the requirements of Restrictions on Lobbying imposed by 29 CFR 93 dated February 26, 1990.

Organization:			
Typed Name:			
Title:			
Signature: _____		Date: _____	

ATTACHMENT III
DISCLOSURES AND DECLARATIONS

1. Are any of the Board members or employees of the potential beneficiary or members of their immediate families (defined as spouse, father, mother, son, daughter, mother-in-law, or father-in-law), or their business associates:

- a. Employees of or closely related to employees of the City of Fort Worth?

Yes ☐ No ☐

If yes, please provide the name and department of the employee and explain the relationship:

- b. Members of or closely related to members of the Fort Worth City Council or the Fort Worth Community Development Council?

Yes ☐ No ☐

If yes, please provide name and explain the relationship

- c. Beneficiaries of the program for which funds are requested, either as clients or as paid provider of goods and services.

Yes ☐ No ☐

2. Is the applicant, any of its affiliates, subsidiaries, or any other related organizations delinquent in payment of any federal, state, or local personal or property taxes?

Yes ☐ No ☐

3. Does the applicant, any of its affiliates, subsidiaries, or any other related organizations have outstanding federal, state, or local audit findings that are unresolved?

Yes ☐ No ☐

4. Does the applicant, any of its affiliates, subsidiaries, or any other related organizations have outstanding in the System for Award Management (SAM) which is the Official U.S. Government system that consolidated the capabilities of CCR/FedReg, ORCA, and EPLS that are unresolved?

Yes ☐ No ☐

5. Does the applicant, any of its affiliates, subsidiaries, or any other related organizations have any outstanding liens or judgments from the City of Fort Worth?
Yes ☐ No ☐

I certify that necessary and appropriate inquiries have been made to indicate that the above is true and correct to the best of my knowledge.

Organization:			
Typed Name:			
Title:			
Signature: _____		Date: _____	

ATTACHMENT IV of IX

I hereby certify that the information contained in this Proposal and its attachments fairly represents the above-named applicant's plans and budget for the project requested for funding. I understand that any misrepresentation shall constitute grounds for rejection of an application or the termination of funding at the discretion of the City of Fort Worth. I agree to provide any additional information for determining eligibility as requested by the City. I acknowledge that I have read and understand the requirements of this Request for Proposal. I certify that I am authorized to sign this Proposal.

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including failure to disclose, is subject to civil money penalty not to exceed \$10,000 for each violation. I certify this information is true and complete.

Organization:		
Typed Name:		
Title:		
Signature: _____	Date: _____	

THE CITY WILL NOT CONSIDER ANY PROPOSAL IN WHICH A SECTION 504 SELF-EVALUATION/ QUESTIONNAIRE IS NOT RECEIVED BY MARCH 31, 2016 at 4:00 PM.

ATTACHMENT V

SECTION 504 SELF-EVALUATION/QUESTIONNAIRE

The purpose of this self-evaluation is to assess the accessibility of City of Fort Worth sub-recipient Agencies' federally funded programs and activities, and to assess whether persons with disabilities are given the same opportunities for agency employment and for participation in such programs and activities as mandated by Section 504 of the Rehabilitation Act of 1973 and 24 CFR Part 8 of HUD regulations. If assistance is needed with this form, please contact the City of Fort Worth Section 504 Coordinator at 817-392-7369 or Diana.Carranza@fortworthtexas.gov.

Requirement	Yes	No	N/A	Explain process (as applicable)
Checklist of Administrative Requirements				
For Agencies employing 15 or more employees, has an employee been designated as a Section 504 coordinator? <i>(If so, please list the name of the employee(s).)</i>				
Has a Grievance Procedure for complaints of discrimination against disabled persons been established? <i>(If so, please attach a copy.)</i>				
Can Agency furnish appropriate auxiliary aids to a disabled client when appropriate? <i>(E.g. large print materials, hearing aids, notes, etc.)</i>				
Does Agency ensure that clients are made aware of Agency's non-discriminatory policy? If so, by what means? <i>(E.g. website, application, etc.)</i>				
Can Agency provide application, pamphlets, contracts, etc. in large print if requested by a client? <i>(for the visually impaired)</i>				
Can Agency provide application, pamphlets, contracts, etc. in braille if requested by a client? <i>(for the visually impaired)</i>				
Does Agency provide the national relay service phone number or Telecommunication Device for the Deaf (TDD) number on all applications, pamphlets, contracts, etc.? <i>(for the hearing impaired)</i>				
Could Agency provide a sign language interpreter if needed for a client? <i>(for the hearing impaired)</i>				
Checklist of Employment Requirements				
Note: Please attach a copy of the relevant portion(s) of your Program or Personnel Policies which address the following items:				
Does Agency ensure that all employees receive equal and fair treatment?				
Do Agency job announcements include a nondiscrimination statement? If so, please include the statement in the explanation column.				
Are Agency job announcements posted in physically accessible areas? <i>(E.g. Person in a wheelchair is able to read job announcement.)</i>				
Are job announcements published in a manner that accommodates the needs of persons with disabilities? <i>(E.g. on website, newspaper, etc.)</i>				

Does Agency limit the eligibility of qualified handicapped employees for promotion, training or other opportunities?				
Does every Agency training program allow equal participation by qualified handicapped employees?				
Checklist of Physical Requirements				
Are accessible parking spaces available? <i>(Accessible parking spaces must be the closest to an accessible entrance.)</i>				
Is there an accessible ramp at the curb? <i>(Curb ramp should be the closest to an accessible entrance.)</i>				
Are common use entrances accessible to persons with mobility impairments?				
Is an elevator available when needed for a client or employee? <i>(if the facility has two stories or more)</i>				
Is an accessible restroom available at the facility?				

Agency's Certification:

By signing this Self-Evaluation, I certify that to the best of my knowledge and belief the data included in this report is true and accurate. It is acknowledged that the provision of false information could leave the certifying official subject to the penalties of federal, state, and local law.

Organization:			
Typed Name:			
Title:			
Signature: _____	Date: _____		

Agencies are required to submit a copy of this document via personal delivery to the address below or email by **March 31, 2016 at 4:00 pm** to:

Delivery Address:
 NEIGHBORHOOD SERVICES DEPARTMENT
 ATTENTION: Diana Carranza
 CITY OF FORT WORTH
 908 MONROE STREET, 3RD FLOOR
 FORT WORTH, TX 76102

E-Mail:
Diana.Carranza@fortworthtexas.gov
 or PSA@fortworthtexas.gov

ATTACHMENT VI

CONFLICT OF INTEREST QUESTIONNAIRE		FORM CIQ
For vendor or other person doing business with local governmental entity		OFFICE USE ONLY
<p>This questionnaire is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity.</p> <p>By law this questionnaire must be filed with the records administrator of the local government not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. <i>See</i> Section 176.006, Local Government Code.</p> <p>A person commits an offense if the person violates Section 176.006, Local Government Code.</p> <p>An offense under this section is a Class C misdemeanor.</p>	<p>Date Received</p>	
1. Name of person doing business with local governmental entity. <hr style="border: 1px solid black;"/>		
2. <input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than September 1 of the year for which an activity described in Section 176.006(a), Local Government Code, is pending and not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)		
3. Describe each affiliation or business relationship with an employee or contractor of the local governmental entity who makes recommendations to a local government officer of the local governmental entity with respect to expenditure of money. Response: 		
4. Describe each affiliation or business relationship with a person who is a local government officer and who appoints or employs a local government officer of the local governmental entity that is the subject of this questionnaire. Response: 		

CONFLICT OF INTEREST QUESTIONNAIRE**FORM CIQ****For vendor or other person doing business with local governmental entity****Page 2****5. Name of local government officer with whom filer has affiliation or business relationship. (Complete this section only if the answer to A, B, or C is YES.)**

This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or business relationship. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire?

☐ Yes☐ No

B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity?

☐ Yes☐ No

C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

☐ Yes☐ No

D. Describe each affiliation or business relationship.

Response:

6. Describe any other affiliation or business relationship that might cause a conflict of interest.

Response:

7.

Signature of person doing business with the governmental entity

Date

ATTACHMENT VII
ADDITIONAL FEDERAL REGULATORY
COMPLIANCE CONSIDERATIONS

HUD Conflict of Interest Requirements

For agencies providing Direct Benefit Activities

These programs are funded through federal grant funds and are governed by the Code of Federal Regulations 24CFR 576.404, 574.625, and 24 CFR 570.611. These regulations prohibit participation in some programs by any person who exercises, or who has exercised, any functions or responsibilities with respect to these federal grant funds. The persons affected include city employees, elected or appointed officials, or agents or consultants of the City. This limitation also applies to immediate family members of any such persons who exercise or have exercised functions or responsibilities with respect to these grant funds, including immediate family members of employees, elected or appointed officials, and agents or consultants. The agency will need to have each client complete the City's Conflict of Interest form to ensure compliance.

Mandatory Disclosures

Applicants must disclose, in a timely matter, in writing to the City if violations of federal criminal law involving fraud, bribery, or gratuity violations as described in Code of Federal Regulations, 2 CFR 200.113. Failure to disclose may result in remedies set forth in 2CFR 200.338 or debarment.

Civil Rights and Fair Housing

The Fair Housing Act of 1968 requires that CDBG/ESG/HOPWA recipient agencies administer all programs and activities related to housing and community development in a manner that affirmatively furthers the policies of the Fair Housing Act. The agency's program, according to Federal Regulations, 24 CFR 1.4, 6.1, 100 and 146, should demonstrate and document that they do not discriminate on the basis of any protected class (race, color, national origin, religion, gender, disability, or age). If a housing activity, the agency's program must demonstrate that they do not discriminate on the basis of familial status as well. Each agency must keep records on clients to demonstrate compliance and onsite monitoring will be conducted by City of Fort Worth.

Section 504 of the Rehabilitation Act of 1973 (29 USC 794 et seq.) and 24 CFR Part 8

This requirement prohibits recipients of federal funds from excluding any qualified persons from participating or receiving benefit from, any federally funded program or activity based solely on his or her disability. In an effort to strengthen compliance with this part, the City of Fort Worth will be holding a Section 504 Technical Assistance Workshop once funds have been awarded. The City will also require all Agencies that are awarded funds through this RFP process to complete and submit a self-evaluation form to ensure compliance with this part. Subsequently the City may conduct random monitoring to ensure compliance with this part.

Procurement

For all agencies that plan to use federal grant funds on contracted services, labor, supplies, etc., please be aware that 2 CFR Part 200.112 may impact your agency's procurement policies. If triggered, all procurement policies must be in writing, and records of the most recent open bid's occurrence should be

maintained at all times. The agency should make reasonable efforts to attract Minority, Small and Women owned Businesses to bid in a fair, yet competitive, process. No person with real or apparent conflict of interest should accept or evaluate any bids. No bid should be accepted if the cost is unreasonable or the item is unclear.

Agency's Acknowledgement:

I acknowledge that I have read this information and understand that there are additional federal regulatory compliance considerations that may require my agency to fulfill.

Organization:			
Typed Name:			
Title:			
Signature: _____		Date: _____	

ATTACHMENT VIII

CERTIFICATE OF INTERSTED PARTIES ACKNOWLEDGEMENT

Effective January 1, 2016, the City of Fort Worth is required to implement the requirements that resulted from state law House Bill 1295. This law requires that contractors and/or vendors complete Form 1295 and disclose information on all interested parties to any contract. This state law prohibits the City of Fort Worth from awarding any contractors and/or vendor funds through a contract, purchase and/or purchase agreement unless Form 1295 has been completed.

For the purposes of this RFP, a Public Service Agency is considered a Contractor. Contractors may complete the forms associated with Form 1295 at www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm. Contractors are responsible for submitting notarized original forms. Originals will be submitted directly to Leticia Rodriguez, Neighborhood Development Coordinator. Copies or scanned versions of Form 1295 will not be accepted and will result no award. City staff will attach Form 1295 with the Mayor & Council (M&C) as a public document and the original will be filed with the City Secretary's Office. Form 1295 must be submitted by the Contractor before the M&C may be considered by City Council.

PLEASE NOTE: If at any time during a program year the agency is awarded additional funding that requires approval through the M&C process, the Contractor will be required to resubmit the form(s) associated with Form 1295. Please note that City employees are not able to assist Contractors with the completion of Form 1295. If you need assistance or have any questions, Contractors should contact the Texas Ethics Commission at 512-463-5800. Additional information and definitions are available at www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm.

Agency's Acknowledgement:

I acknowledge that I have read this information and understand that if an agency is considered for funding through this proposal, they are required to complete Form 1295. I understand that the City of Fort Worth will not be able to award any funds or enter into a contract agreement with an agency until this federal law has been met.

Organization:			
Typed Name:			
Title:			
Signature: _____		Date: _____	

ATTACHMENT IX

CERTIFICATION OF CRIMINAL BACKGROUND CHECKS

Proposer intends to provide all or a portion of the proposed program service(s) in a City of Fort Worth Neighborhood Center. Proposer hereby certify on behalf of the agency, _____, to the best of my knowledge and belief agree to the following:

- I. Conduct criminal background checks on prospective Program Staff and volunteers. If results of the criminal check indicate that an applicant has been convicted of any of the following offenses, he or she will not be considered for employment:
 - A. A felony or a misdemeanor classified as an offense against a person or family,
 - B. A felony or a misdemeanor classified as public indecency,
 - C. A felony or a misdemeanor violation of any law intended to control the possession or distribution of any controlled substance,
 - D. Any offense involving moral turpitude, or
 - E. Any offense that would potentially put the City of Fort Worth at risk.
 - F. In addition, checks of the Texas Department of Public Safety database for the Texas Sex Offender Registration Program will be conducted on prospective Program Staff. If results of the check indicate that an applicant is a registered sex offender, he or she will not be considered for employment.

Agency's Certification:

I acknowledge that I have read this requirement and understand that if an agency provides all or a portion of the proposed program in a City of Fort Worth Neighborhood Center, I will be required to conduct a criminal background on all prospective Program Staff and volunteers.

Organization:			
Typed Name:			
Title:			
Signature: _____		Date: _____	



ADDENDUM TO THE REQUEST FOR PROPOSALS

PUBLIC SERVICE AGENCIES:
Community Development Block Grant Funds (CDBG)
Emergency Solutions Grant (ESG)
Housing Opportunities for Persons with AIDS (HOPWA)

ADDENDUM NO. 1

DATE ISSUED: March 25, 2016

REQUEST FOR PROPOSALS (RFP) NUMBER: NSD16-001

RFP CLOSING DATE: April 22, 2016

Addendum No. 1, dated March 25, 2016, is hereby amended to incorporate in full text the following:

PART I – REQUEST FOR PROPOSALS (RFP) SUMMARY

- Section 1.0 Submission of Proposals
 - Removed:
 - 1.2.1 Flash drives must contain the following:**
 - 1.2.1.1 A completed and saved version of the Microsoft Office Word file containing the proposal**
 - 1.2.1.2 A scan of the completed and signed proposal including all of the required attachments.**
 - Replaced:
 - 1.2.1 Flash drives must contain the following:**
 - 1.2.1.1 A complete version of the narrative responses to PART II in a Microsoft Office Word file. Each response must be identified by the section, question and reference number.**
 - 1.2.1.2 A complete version of the fillable sections in PART II.**
 - 1.2.1.3 A PDF scan of the entire proposal. Make sure to include the narratives from PART II, the fillable documents in PART II, attachments in PART III, and all of the required supporting documents.**
- Section 8.0 Schedule for Considerations and Award of Funds
 - Added: **Pre-Proposal Conference for Monday, March 28, 2016, 6:00 P.M., at the Hazel Harvey Peace Center for Neighborhoods, 818 Missouri Ave., 2nd Floor Conference Room, Fort Worth, TX 76104.**
- Section 27.0 Evaluation Factors
 - Remove: **Proposals will be rated and may be awarded up to 50 points based on the five criteria described below.**

- Replaced: **Proposals will be rated and may be awarded up to 45 points based on the five criteria described below.**
- Section 27.5 Use of Neighborhood Centers
 - Remove: **Up to 10 points**
 - Replace: **Up to 5 points**

PART II – REQUEST FOR PROPOSALS (RFP) APPLICATION is hereby replaced by **REVISED PART II – REQUEST FOR PROPOSALS (RFP) APPLICATION**

PART II – REQUEST FOR PROPOSALS (RFP) APPLICATION

- Cover Sheet
 - Added: **Pre-Proposal Conference on Monday, March 28, 2016, 6:00 P.M., at Hazel Harvey Peace Center for Neighborhoods, 818 Missouri Ave., 2nd Floor Conference Room, Fort Worth, TX 76104.**
- Page 2 – Statement of Receipt/Statement of Intent
 - Removed: **(CDBG: Check only one box per proposal. Must submit one proposal per eligible activity.)**
 - Replaced: **(CDBG: Only one box may be selected for each program. Must submit separate proposals for each proposed program. A proposal containing multiple programs will be disqualified.)**
 - Removed: **Health Services**
 - Replaced: **General: Health Services or other Social Services**
- Page 3 – Proposal Cover Sheet
 - Removed: **(CDBG: Check only one box per proposal. Must submit one proposal per eligible activity.)**
 - Replaced: **(CDBG: Only one box may be selected for each program. Must submit separate proposals for each proposed program. A proposal containing multiple programs will be disqualified.)**
 - Removed: **Health Services**
 - Replaced: **General: Health Services or other Social Services**
- Page 6 – Board Diversity
 - Removed

BOARD MEMBER COMPOSITION		
Race/Ethnicity	Male	Female
Hispanic		
White		
Black/African American		
Asian		
Other:		
Non-Hispanic		
White		
Black/African American		
Asian		
Other:		
TOTAL		

- Replaced

BOARD COMPOSITION				
Race	Number of Males	Number of Hispanic Males	Number of Females	Number of Hispanic Females
White				
Black/African American				
Asian				
Other: Native American, Pacific Islander, etc.				
TOTAL per Column				

- Page 8, Question II.3i
 - Removed: **Attach supporting information to include bank letter(s), bank statement(s), lines of credit, or any other unrestricted account that can be accessed.**
 - Replaced: **Agency must provide Financial Statements or the most recent Audit that clearly reflects the agency's monthly expenses to support the information.**
- Page 12, 14, and 17
 - Removed: **City reserves the right to decline to fund any particular line item listed under Column B based on grant eligibility and administrative feasibility.**
 - Replaced: **Additional lines can be inserted in this form in order to appropriately illustrate full budget details.**
- Pages 22-24
 - Removed: **References to Section VI**
 - Replaced: **Re-numbered pages to reflect Section V**
- All or portions of Pages 1, 2, 3, 4, 6, 8, 9, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, and 24, were modified to allow fillable fields.

All other terms and conditions remain the same.

LETICIA RODRIGUEZ
COMMUNITY DEVELOPMENT COORDINATOR

 COMPANY NAME: _____

SIGNATURE: _____

NOTE: Company name and signature must be the same as on the bid documents.